

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE         |
|---------------------------|----------|--------|--------------|
| FEE DETERMINATION         |          |        |              |
| O.I.P.E. CLASSIFIER       |          |        |              |
| FORMALITY REVIEW          |          |        |              |
| RESPONSE FORMALITY REVIEW | C.S.W.   |        | 20 July 2002 |

INDEX OF CLAIMS

☒ Rejected  
☐ Allowed  
☐ (Through numeral) Canceled  
☐ Restricted  
 N Non-elected  
 I Interference  
 A Appeal  
 O Objected

| Claim    | Date    |
|----------|---------|
| Final    |         |
| Original | 6/27/03 |
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| Claim    | Date    |
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| Final    |         |
| Original | 6/27/03 |
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| Claim    | Date    |
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| Final    |         |
| Original | 6/27/03 |
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If more than 150 claims or 10 actions  
staple additional sheet here

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